

PTO/SB/21 (04-04)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | |
|------------------------|---------------------|
| Application Number | 10/052,905 |
| Filing Date | November 2, 2001 |
| First Named Inventor | Schwendner, Susan |
| Art Unit | 1614 |
| Examiner Name | Krass, Frederick F. |
| Attorney Docket Number | 018781-007210US |

Total Number of Pages in This Submission

4

ENCLOSURES (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment after Allowance Under 37 CFR 1.312(a) / Comments on Reasons for Allowance <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Part B - Fee(s) Transmittal Return Postcard |
|--|---|---|
- Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-------------------------|--|-----------------|
| Firm or Individual name | Townsend and Townsend and Crew LLP Frank J. Mycroft | Reg. No. 46,946 |
| Signature | | |
| Date | July 20, 2004 | |

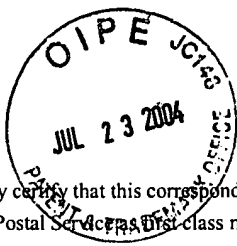
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Typed or printed name Kimberly Rosa

Signature

Date July 20, 2004



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PATENT
Attorney Docket No.: 018781-007210US
Client Ref. No.: T00-023-1

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On JULY 20, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: Humberto Raza

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Susan Schwendner, et al.

Application No.: 10/052,905

Filed: November 2, 2001

For: COMBINATION THERAPY
USING
PENTAFLUOROBENZENESULFONA
MIDES AND ANTINEOPLASTIC
AGENTS

Customer No.: 20350

Confirmation No. 9747

Examiner: Krass, Frederick F.

Technology Center/Art Unit: 1614

AMENDMENT AFTER ALLOWANCE
UNDER 37 CFR § 1.312(a)

COMMENTS ON REASONS FOR
ALLOWANCE

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Notice of Allowance mailed on April 22, 2004, Applicants provide the following Remarks on the Reasons for Allowance and respectfully request their entry.

Remarks/Arguments begin on page 2 of this paper.